

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>7/5/02</u>		2 Serial/Patent # <u>09/998,004</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	<u>3</u>	<u>2/28/02</u>	\$ <u>130.00</u>
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>130.00</u>
		8 TO BE REFUNDED BY:		
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 20--1430 </div> </div>		
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
<u>Figures present on filing. Postcard receipt as proof.</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>		TITLE: <u>Petitions Attorney</u>		
SIGNATURE: <u>E. Shirene Willis</u>		PHONE: <u>308-6712</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Adam Kelly</u>		DATE: <u>7/14/02</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**